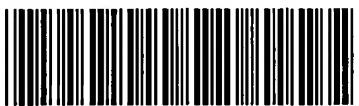


Index of Claims		Application/Control No.	Applicant(s)/Patent Under Reexamination
		10550340	
		Examiner	Art Unit
		Futel, Gayla	

<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>	Cancelled	<input type="checkbox"/>	Non-Elected	<input type="checkbox"/>	Appeal
<input type="checkbox"/>	Allowed	<input type="checkbox"/>	Restricted	<input type="checkbox"/>	Interference	<input type="checkbox"/>	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA	<input type="checkbox"/> T.D.	<input type="checkbox"/> R.1.47
CLAIM		DATE		
Final	Original	04/09/2007	08/14/2007	01/30/2008
	1	✓	✓	-
	2	✓	✓	-
	3	✓	✓	-
	4	✓	✓	-
1	5	O	O	=
2	6	O	O	=
3	7	O	O	=
	8	✓	✓	-
	9	✓	✓	-
	10	✓	✓	-
	11	✓	✓	-